



# FY 17 PEPFAR Indonesia COP Review COP Approval Session with Amb. Birx

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*Reviewer: Diana Frymus (USAID)*  
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# Epidemiologic Context

## Jakarta – highest concentration of PLHIV

PLHIV: 92,092

Prevalence: 0.33%

MSM: 32%\*

TG: 24.8% (national)

FSW: 8% (national)

PWID: 43.6%

## Rising income inequality:

20% of the population holds 80% of the wealth

two-thirds of the population live on less than USD 3 per day

## Papua – highest HIV prevalence

PLHIV: 88,041

Prevalence: 2.4%

Highlands (males): 3.0%  
(range 0.2%-5.7%)

255M people  
17,000 Islands  
502 Districts

HIV prevalence: 0.33%  
Est. 613,435 PLHIV

## Tuberculosis:

2<sup>nd</sup> highest global burden

1,020,000 incidence

2/3 of cases undiagnosed

HIV+ TB cases: 11%

\*Unofficial 2015 iBBS data; Official HIV prevalence among MSM in Jakarta is 17.2% (2011 iBBS Final Report)



# Alignment of PEPFAR Investments Geographically to Disease Burden: ART Coverage Gap

	Estimated PLHIV	Know HIV status	On ART (MoH 2016 Q3 Data)	ART Coverage	PEPFAR FY16 TX_CURR
National	613,435*	-	73,073	11.91%	7,860
Jakarta	92,092*	46,000	16,471	18%	4,975
Jakarta (KP)	20,097*	-	-	25%	4,975
Papua	88,041†	-	5,002††	5.7%	2,885

\*2015 AEM Estimate

†2015 MoH District Estimates (All 29 districts in Papua PLHIV estimate =88,041)

†† 2016 MoH Q3 Report, all district in Papua



# Overarching Goal: Provision of the continuum from HIV prevention to care and treatment

**SO1: Support access to and quality of services across the cascade for targeted populations in PEPFAR priority areas through collaboration with the Government of Indonesia, Communities and Partners**

**SO2: Support communities and implementing partners to improve data collection, quality and usage to reach 90-90-90 among targeted populations, and to reduce stigma, discrimination and violence against lesbians, gays, bi-sexual and transgender (LGBT)**



## Saturation of Jakarta

Expand high yield testing; further operationalize Test and Start and alternative service delivery models from 18 to 22 sites

## Papua

Support Papua province to strengthen high yield testing and operationalize Test and Start

## Saturation of Jakarta

-Intensify outreach to young KPs  
R1. 35% of KP reached new and <35yr  
-Pilot of viral load for PLHIV on ART  
R2. 30% of KP PLHIV on ART should have VL testing

## Papua

-Conduct analyses to better understand Papua highlands HIV epidemic  
- Build capacity of data collection and utilization for HIV service delivery

Ensure availability and quality of essential HIV commodities at initiation and satellite facilities

Reduced HIV Commodity Pricing

Implement HIV Laboratory Strategy to increase Viral Load Testing

Ensure adequate HIV skill mix recruited and retained at initiation and satellite facilities

Strengthen SI and M&E Capacity at MOH for national HIV programming

Strengthen capacity of military health system for HIV

**Reduce stigma and discrimination through addressing enabling environment within broader context of protection of minorities, civil rights, and rule of law and democratic values**



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# Shift in COP 17

COP16

COP17

- Expand focus on enabling environment for broader protection of minorities and civil rights due to restrictive environment for key populations
- Scaling-up our efforts towards saturation in Jakarta
- Transition to above-site support in Papua
  - Will provide technical assistance for high yield testing, implementation of Test and Start, and data collection/use
- Transition TB/HIV integration activities to the bilateral TB program and GF
- Intensified collaboration and partnership with GFATM for the new funding request application





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# Supply Chain TA for Site-level Outcomes

## Challenges

### Price

- ARV Price is 5-7x higher than int'l
- \$64m overspend
- High prices-HIV commodities

### Quality

- No WHO PQ or Int cGMP for ARVs

### Access

- National stock out of TLE (2016)
- Medicines Rationing (2016)
- Regimen switching
- Test kit stock out

## Above-site

### Price

- Costing studies
- Advocacy
- Strengthen Forecasting and Supply planning

### Quality

- Strengthen Post Market Surveillance for ARVs

### Access

- Strengthen PLHIV community Stock monitoring
- Strengthen Provincial stock data management

## Site-level

Availability

Best-Value

Operationalize Programs

## Strategic Outcomes

- Test and Start
- Multi-month scripts
- ART Decentralization
- Alternative drug delivery



# ARV Procurement Analysis

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## ARV procurement budget analysis

Estimated budget	\$92,000,000
Beneficiaries	123,000
Unit budget	\$748
ARV cost adjustment factor	100%

		Global			Indonesia			
	% Distribution of Patients (Hypothetical)	# of patients	Average loaded unit cost per year by ARV regimen (Tanzania)	Unit cost with adjustment factor (cell B7)	Total budget		Adjusted unit cost	Total budget
Adults								
1st line	92%	113,160	\$107	\$214	\$24,216,240	86%	\$699.28	\$79,130,450
2nd line	4%	3,690	\$364	\$728	\$2,686,320	10%	\$2,378.86	\$8,777,982
Pedes								
1st line	3%	4,920	\$86	\$172	\$846,240	3%	\$562.04	\$2,765,225
2nd line	1%	1,230	\$165	\$330	\$405,900	1%	\$1,078.33	\$1,326,343
	100%	123,000			\$28,154,700			\$92,000,000
							Difference	\$63,845,300



# Investment Profile Table (Table 2.2.1)

Program Area	Total Expenditure (USD)	% PEPFAR	% GF	% GoI	% Other
Clinical care, treatment and support	\$37,605,594	1%	8%	82%	9%
Community-based care, treatment, and support	\$2,059,261	24%	76%	0%	0%
HTS	\$908,001	48%	26%	26%	0%
Targeted population prevention	\$12,831,660	5%	58%	28%	8%
Key population prevention (SW, MSM, TG, PWID)	\$5,752,870	36%	35%	9%	21%
OVC	\$12,642	0%	0%	100%	0%
Laboratory	\$3,034,105	8%	0%	92%	0%
SI, Surveys, and Surveillance	\$4,823,031	53%	16%	13%	18%
HSS	\$6,420,333	5%	95%	0%	0%
Other	\$33,347,100	6%	23%	67%	3%
Totals	\$106,794,597	9%	27%	57%	7%





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## Table 2.2.2

# Procurement Profile for Commodities

Commodity Category	Total Expenditure 2016 (c )	% PEPFAR	% GF(a)	%GoI (b)	% Other
ARVs ART	66,047,194	0%	3%	97%	0%
Rapid test kits	9,369,318	0%	0%	100%	0%
Other drugs	7,031,133	0%	0%	100%	0%
Lab reagents	5,296,779	0%		100%	0%
Condoms	1,765,477	0%	100%	0%	0%
Viral Load commodities	3,622,665	0%	0.5%	99.4%	0%
MAT	-	0%	0%	0%	0%
Other commodities	130,769	0%	0%	100%	0%
<b>Total</b>	<b>93,263,336</b>	<b>0%</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>

a. GF figures take from Procurement orders for 2016 for ARVs and VL. Syringes and other GFATM procurement not included

b. GOI figures taken from APBN, this does not include subnational level procurements

c. Figures mix budget with procurement orders. This should only be considered a rough estimate.



# Status of HIV Laboratory Network – National

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	National	Jakarta
VCT sites	3,204	73
District with VCT site	325	6
VL machines	30	5
District with VL	24	5
# people with VL test Jan-Sep 2016	Unknown	1314 (81% in KP friendly clinic)

Planned:

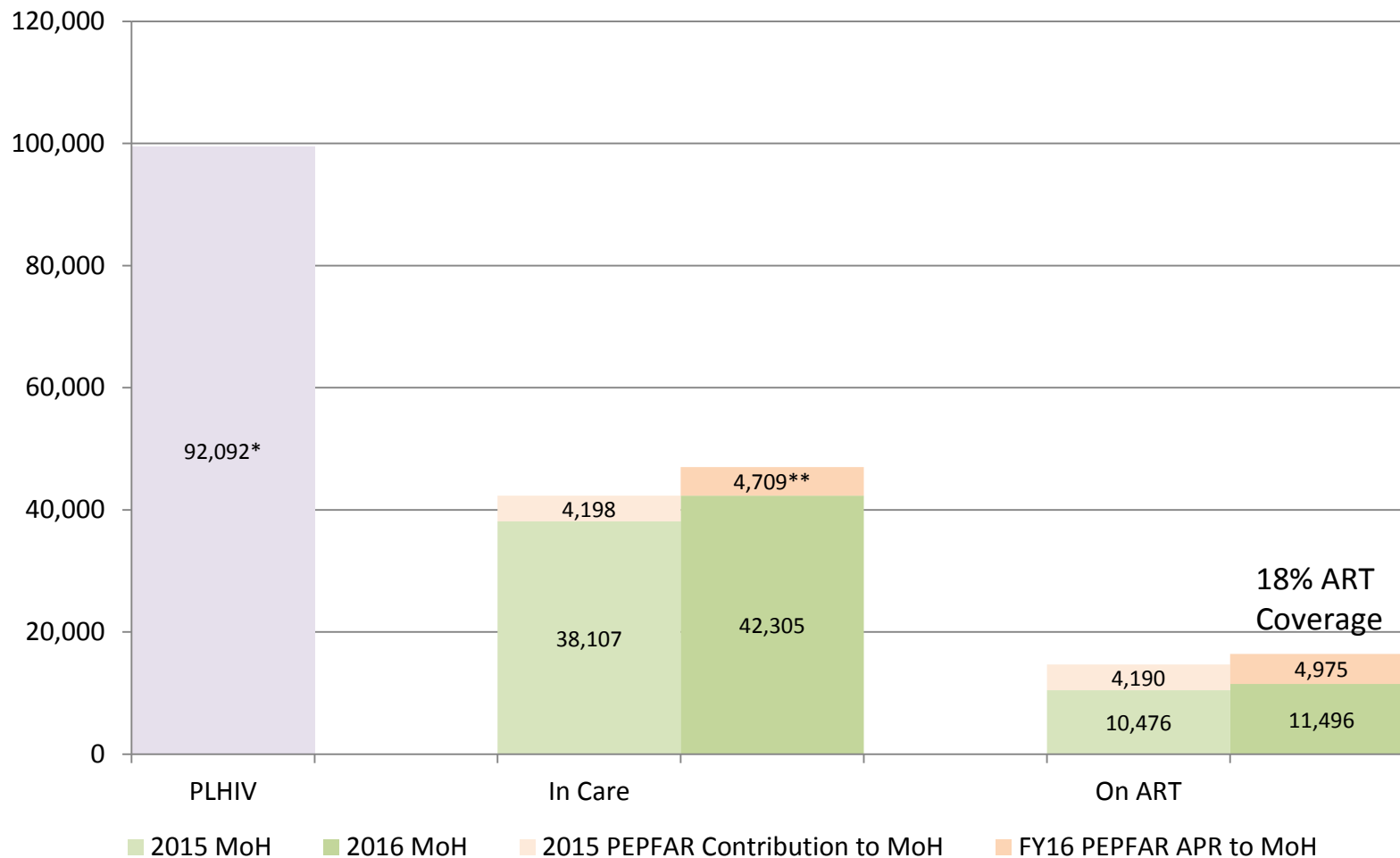
- HIV Development of HIV laboratory strategy, including supply chain (COP16)
- GF support implementation of strategy





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# PEPFAR Contribution to National HIV Program in Jakarta (2015-2016)



\*2017 DKI Jakarta PHO

\*\*Only 14 PEPFAR-supported sites reported on CARE\_CURR in 2016 (with changes in MER requirement)

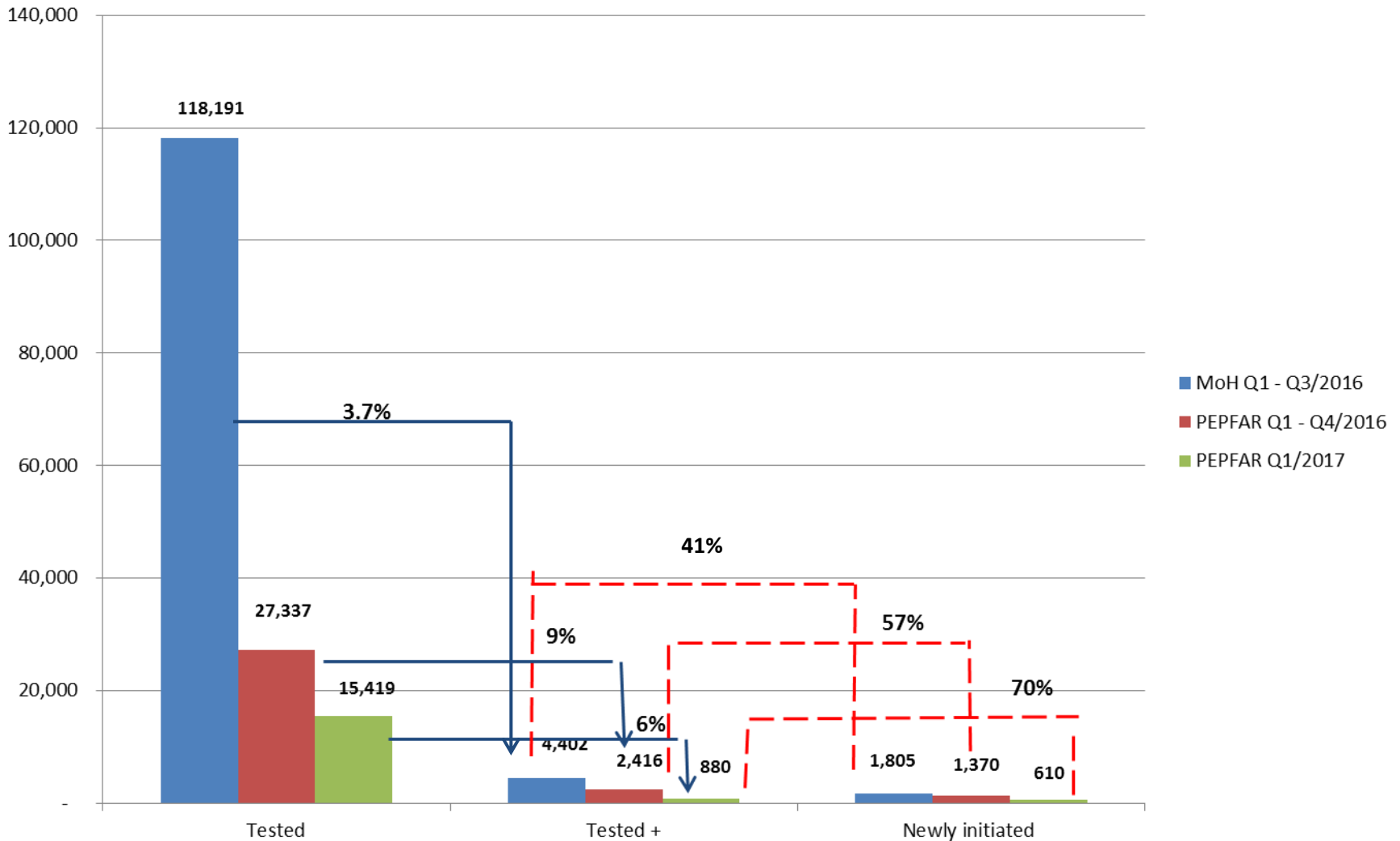




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# JAKARTA

## MOH and PEPFAR

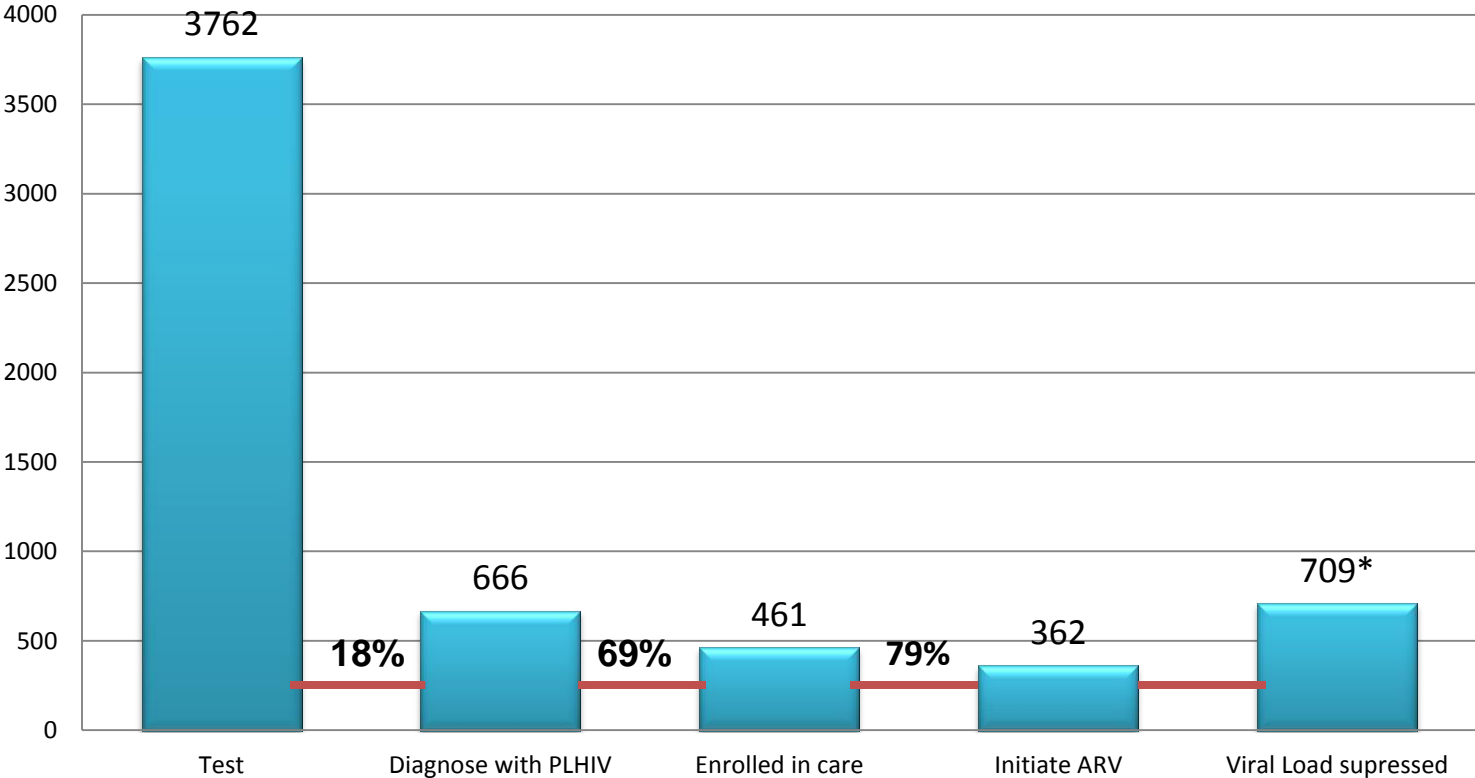




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# [REDACTED] Friendly Clinic cascade PERFORMANCE AND SERVICE DELIVERY

## Cascade Performance (Apr-Sep 2016)



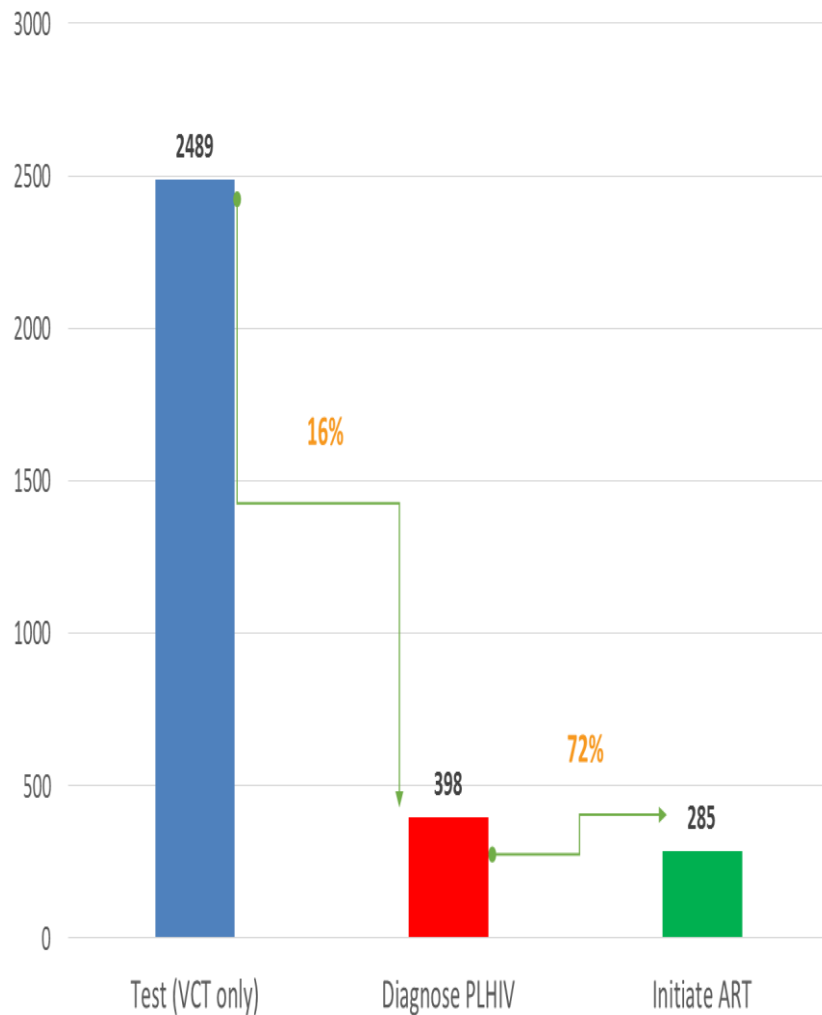
\*791 were tested for VL from April-Sept 2016 for those on ART for at least 12 months





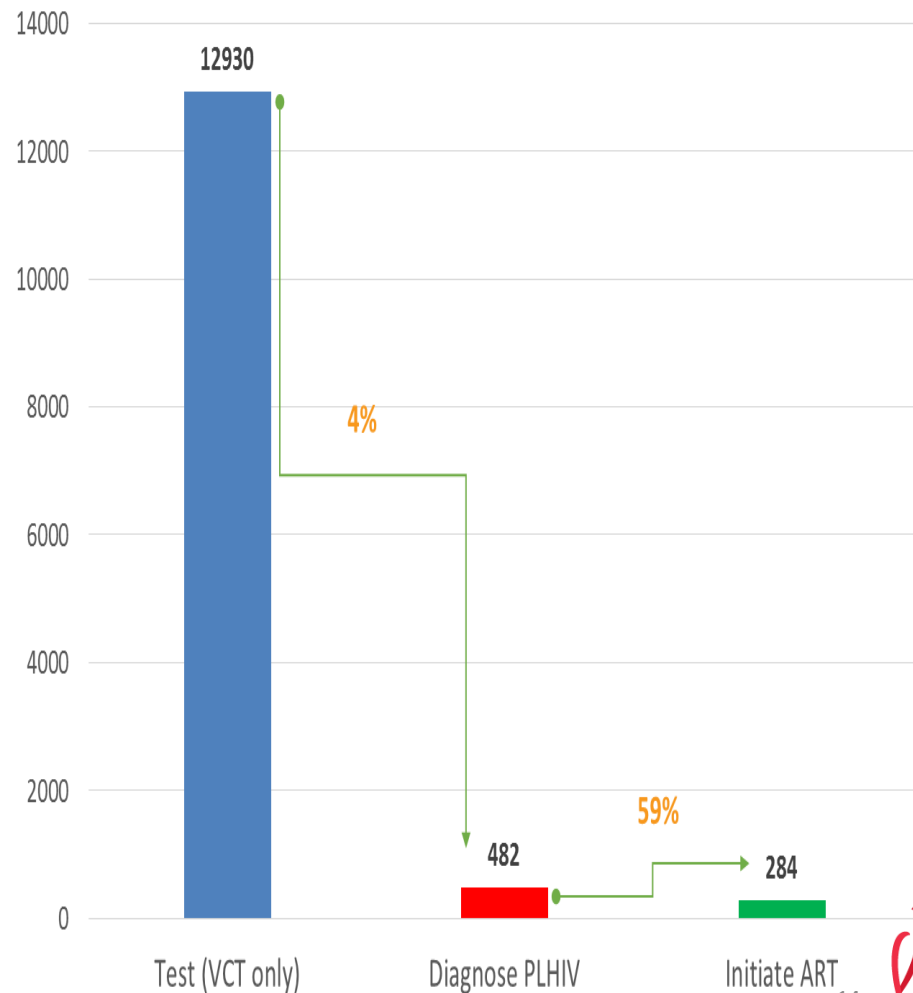
## CASCADE HIV-Q1 FY17 (Oct-Dec 2016)

**PEPFAR 2 [REDACTED] Friendly Clinics  
in Jakarta**



## CASCADE HIV-Q1 FY17 (Oct-Dec 2016)

**26 Public HCs in Jakarta**





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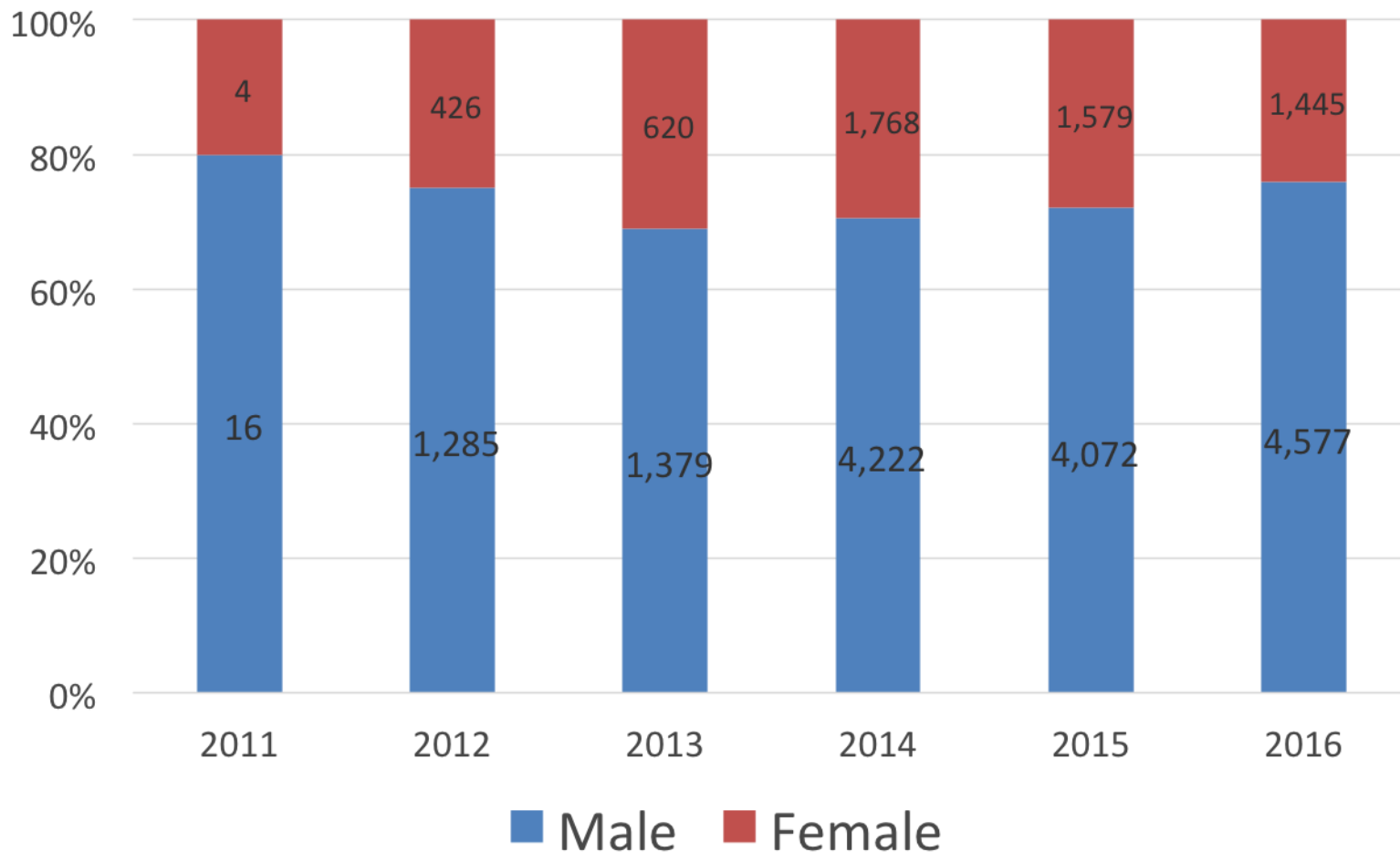
[REDACTED]





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# Reported HIV Cases by Gender, 2011-2016



Source: SIHA Dinkes Provinsi DKI Jakarta retrieved on 31 January 2017 – HIV Testing Report





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# Proposed FY18 and FY19 Targets by Agency

Indicator	FY16 result	FY16 target	FY17 Q1 result	FY17 Target	Proposed FY18 target	Proposed FY19 target
KP_PREV	28,983	27,569 (105%)	--	48,170	51,684	45,000
PP_PREV	15,200	22,113 (69%)	--	16,416	--	--
HTS_TST	41,583	37,224 (112%)	18,966	53,244	61,939	41,347
HTS_POS	3,084	3,897 (79%)	1,011	5,132	6,534	4,961
[REDACTED]	[REDACTED]	[REDACTED]	--	--	--	--
[REDACTED]	[REDACTED]	[REDACTED]	--	--	--	--
TX_NEW	2,242	5,627 (40%)	702	4,617	6,688	5,582
TX_CURR	7,860	6,764 (116%)	9,698	8,692	12,225	14,751
TX_RET	48	183 (26%)*	--	2,093	3,051	5,351
TX_PVLS	--	--	--	--	802**	2,345

\* Retention was reported on a small number of individuals and data reported was not complete. Those reported had retention rate of 90%

\*\*30% of KP-friendly PLHIV on ART for 12 months will receive VL Testing, of which 60% VLS; approximately 10-15% public facility ART patients will receive VL Testing, of which 60% VLS





# Partner Performance

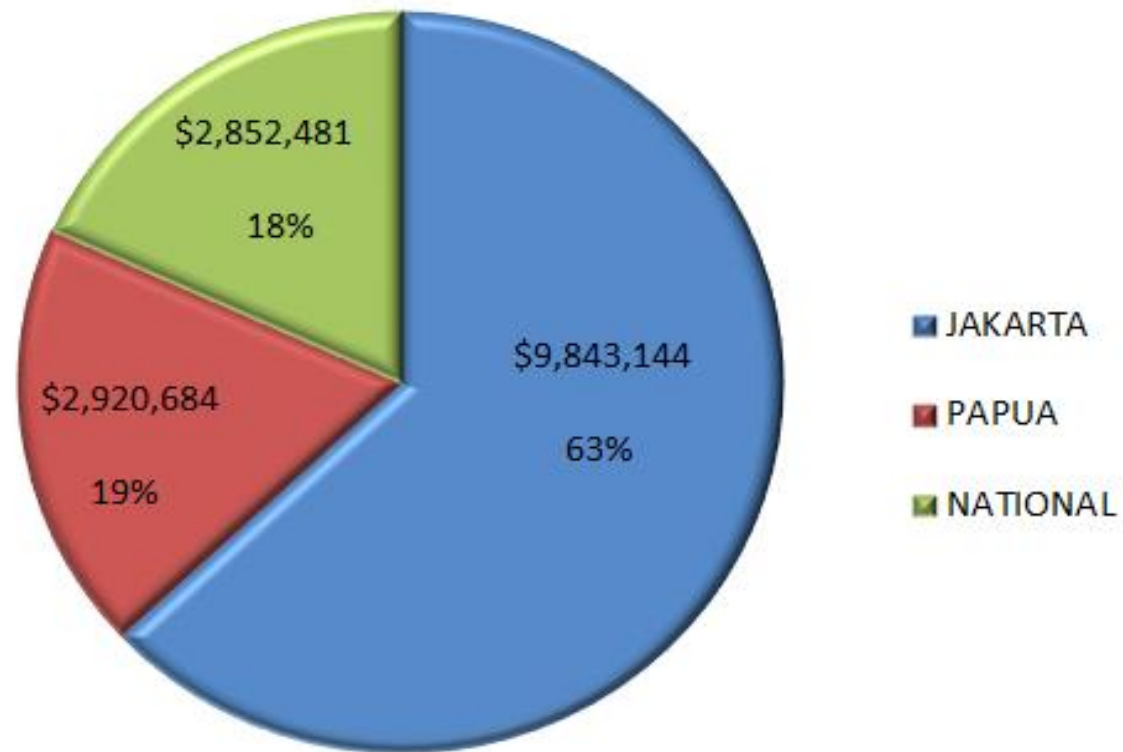
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- Data Informed Programming
  - Performance Dashboard review (clinical cascade review)
- Differentiated service delivery
- Quarterly review
  - In-depth performance discussion before and after POART
- Performance Indicators and Performance Monitoring Plan in development for above-site activities



# Funding Allocation by Geographic Area (New Funds and Game Changer)

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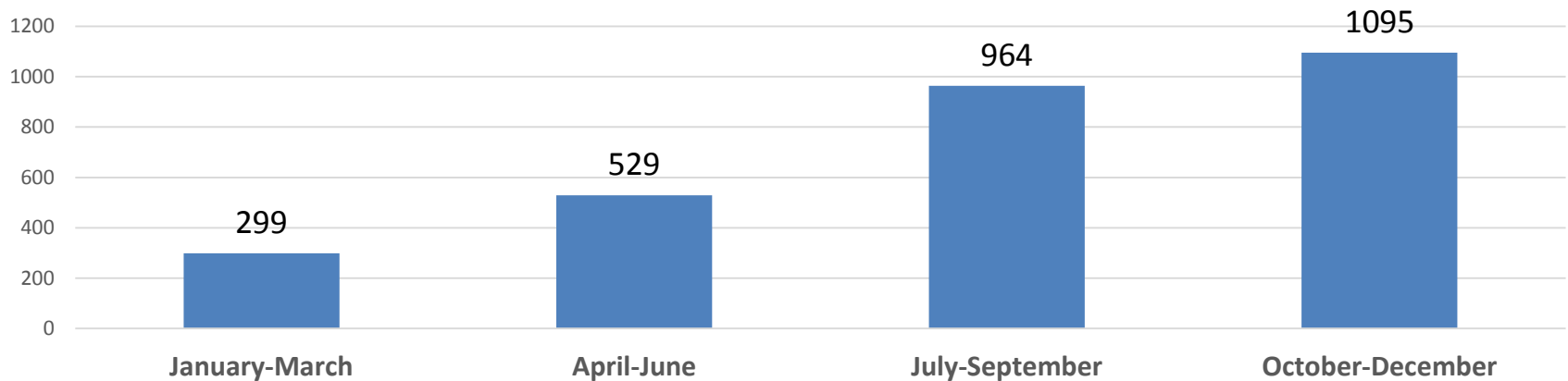
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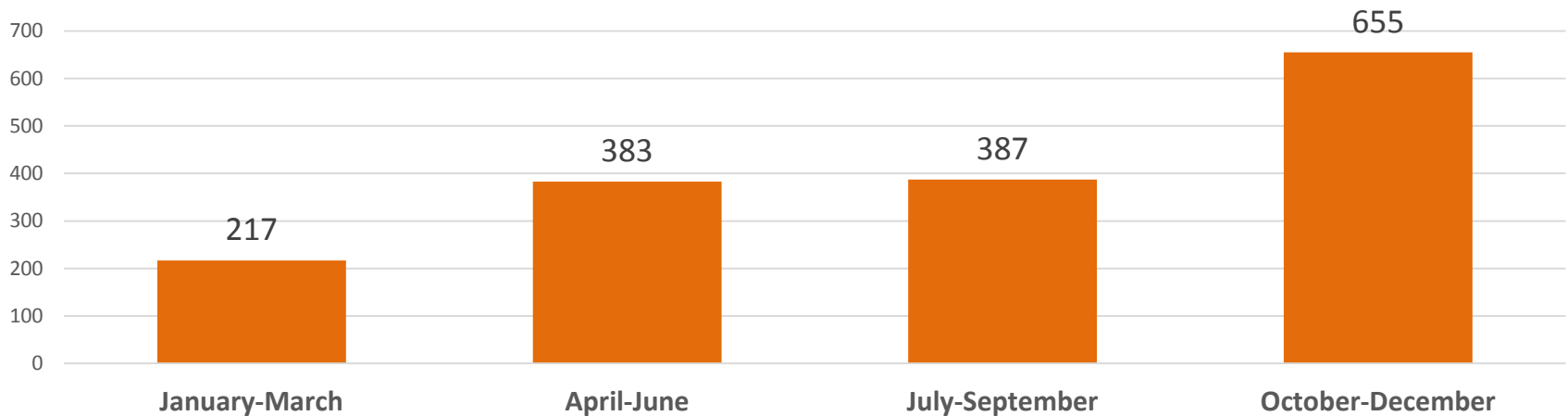


# Pasar Rebo: Total Number of Individuals Tested for HIV Via VCT Services

Number of Individuals Tested for HIV via VCT per Quarter (2016)



Number of MSM Tested for HIV via VCT per Quarter (2016)



## Puskesmas (PHC) Pasar Rebo

- Providing TA and mentoring including:
  - Improvement Health worker skills; health equipment; information system; viral load testing
- Extended hours
  - Fix time : Friday (17-21); Saturday (08-16); Sunday (08-16)
  - Flexible time : for mobile testing
- Around 25 % of total HCT result through extra hours
- Around 50 % increased in Q4 compared to Q3 at 2016



*Terima Kasih*  
*Thank You*

